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ABSTRACT

This publication is primarily an information resource with some suggestions for teaching. It provides guidance and materials for instruction in elementary and secondary schools. These sources describe a variety of modern drugs, their significance to mankind, the respect required when using them, and finally the nature and consequences of their abuse. It will enable those who develop school policies and programs to be fully informed about the nature of drugs. The content of this publication is planned for the teacher as a resource from which information may be infused into the present curriculum, particularly in health, science and the social studies. It is not intended for student use. (Author)

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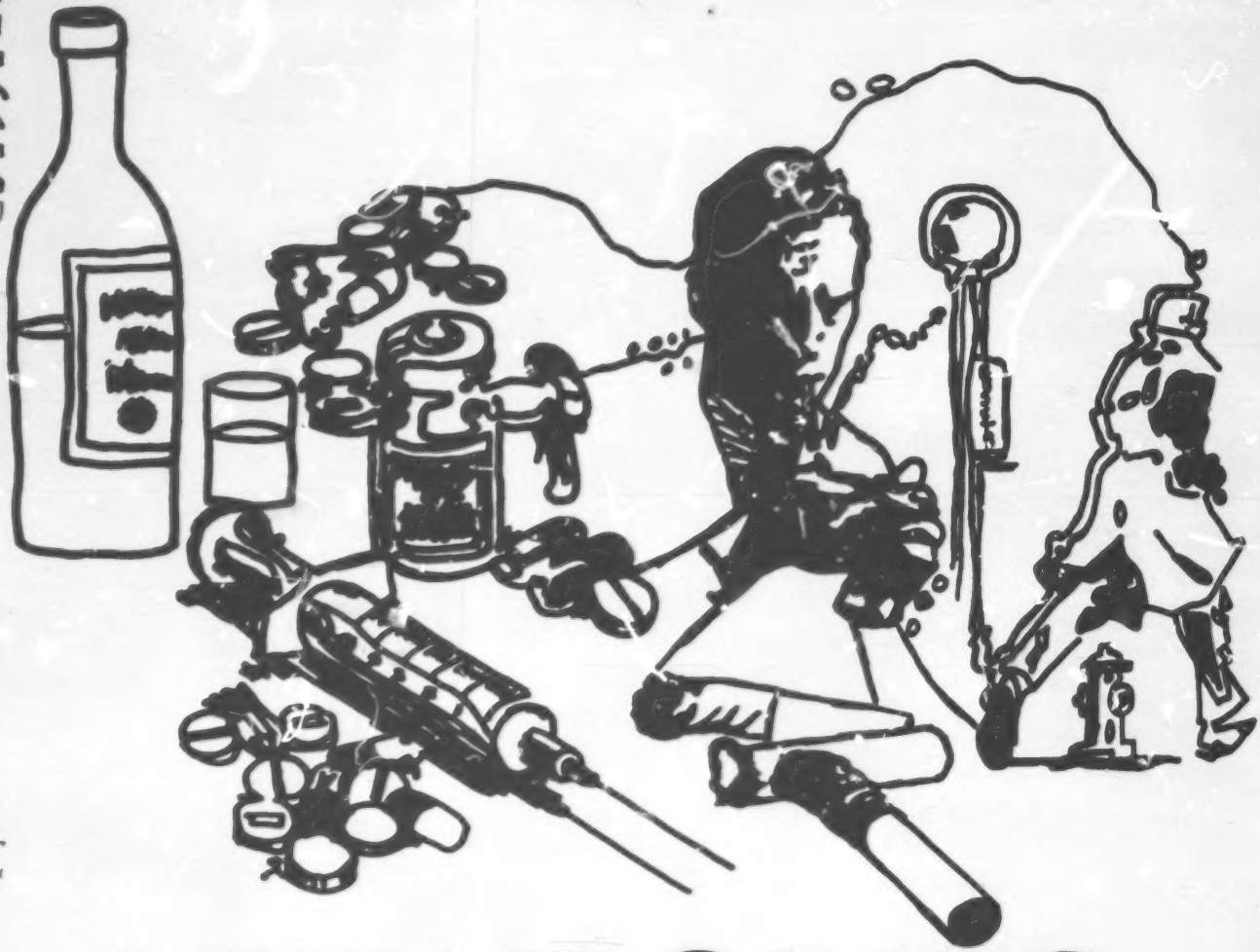

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VIEWPOINTS

Health Education - Drug Use, Misuse And Abuse

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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VIEWPOINTS

Health Education~Drug Use, Misuse And Abuse

Division of Curriculum Development and Pupil Personnel Services
Office of Instructional Services
Georgia Department of Education
Atlanta, Georgia 30334
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1977

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Introduction

The increasing improper use of drugs in our society has created an additional responsibility for the schools. Adults in society, through widespread acceptance of alcohol and tobacco, as well as tolerance of the use of many drugs and chemical euphoriants, present youth with a confused concept of what does or does not constitute drug abuse. Many young people, following these examples of drug usage accepted as normal by society, are experimenting with drugs and chemical euphoriants. The problem of drug abuse exists in one form or another at all socioeconomic levels—in cities, suburbs and to a lesser degree in rural areas. Advertising is all too often a purveyor of the idea that drugs are the best answer to many of today's problems. The press and other media too often sensationalize drug abuse and in so doing, make it appear attractive to certain individuals. Past experience with employment of legislative processes to control alcohol and drug misuse brings into question the validity of such processes as the best means to control and/or avoid future alcohol and drug misuse.

Numerous substances which modify mood, alter perception and change behavior contribute to the problem most often termed drug abuse. "Drug abuse," "narcotic addiction," "drug dependence," "psychedelic drugs," "trips," "goof balls," "speed" . . . these and other terms are bombarding the American public as the problem becomes more apparent. Increasingly, therefore, government officials, professional people and other citizens are looking toward *education* as the best hope for controlling the modern acceleration in abusive use of drugs.

Public enlightenment, through publications such as this, of some of the causes, effects and consequences of the illegal use of a wide spectrum of addicting and habit forming drugs will be directed toward a useful purpose. A concerted effort in schools must be directed toward the youth who too often, due to curiosity and a desire to experiment, become victims of their own folly without grasping the consequences of their decision. Knowledge about dangerous substances is for many adolescents inadequate as a deterrent to drug abuse. Knowledge must be reinforced by the capacity to meet life's challenges and enjoy life's rewards without recourse to drugs. The ultimate solution, if one exists, to the problem of drug abuse rests in the development of individuals who are resistant to societal pleasures or pressures promoting drug abuse. Education, in general, must be supplemented by concerted efforts of parents and institutions to develop individuals capable of resisting pressures to experiment with substances extremely harmful to their physiological processes. Facts and positive motivation are what young people need to make sound decisions. The best deterrent to drug abuse is the development of a value system based upon knowledge, judgment and regard for consequences.

Drug addicition is as old as history, but the critical incidence of addiction varies from time to time and periodically becomes acute. The reasons for these fluctuations are difficult to determine, but undoubtedly, many of the reasons are environmental factors. There is also variation in the abuse of chemicals and other substances which creates a health hazard particularly among younger children and adolescents. Other than the illicit sale and use of narcotic drugs, school authorities, parents and community agencies have three major concerns. These concerns are the use of unusual drugs and substances other than narcotics, the hazards of exposure to volatile solvents and the use of amphetamines. Education is hopefully the key to prevention . . . and truth concerning results of use and misuse of drugs is the best way to accomplish proper use or prevention. The schools must develop strategies to overcome decadent environmental influences and find better ways for youth to experience the richness of living, which makes life more successful. Hopefully, many communities will establish discussion groups composed of representatives from all segments of the population to explore this subject further with the goal being early recognition of tendencies toward drug abuse so that appropriate action may be taken.

School administrators and teachers should not lose sight of the fact that one of humanity's outstanding accomplishments in the twentieth century has been the discovery or development of many drugs that help cure and control disease.

This publication is primarily an *information resource* with some suggestions for teaching. It provides guidance and materials for instruction in elementary and secondary schools. These sources describe a variety of modern drugs, their significance to mankind, the respect required when using them, and finally the nature and consequences of their abuse. Those who develop school policies and programs must be fully informed about the nature of drugs. Teachers are urged to use this information with wisdom, restraint and professional discretion. The content of this publication is planned for the teacher as a resource from which information may be infused into the present curriculum, particularly in health, science and the social studies. It is not intended for student use.

History of Drugs

Mankind has always been fascinated by drugs and other substances which change his state of consciousness and perception of the world about him. Man has never felt satisfied with himself or his environment. To him the breaking of the barriers of consciousness and perception has meant being like God; that is why even in ancient times drugs were widely used in religious ceremonies and ritual. Marijuana was well known to the Chinese some 5000 years ago and was mentioned in Greek literature as far back as 1000 B.C. The Egyptians used opium both for medical reasons and for indulgence around 1500 B.C.

Ancient cultures in India, the Middle East, Africa and the Americas often used psychedelic, or consciousness expanding drugs in religious ceremonies and rituals. In the Western Hemisphere, the Spanish explorers and conquerors of Latin America learned that the natives chewed a leaf which produced a stimulant effect. This was the coca leaf. Drug abuse was well known among early American colonists. Opium was used extensively as a therapeutic agent, and addiction was a widespread problem by the eighteenth century. Morphine, codeine and heroin were introduced to cure people from addiction to opium, thus compounding the problem. By the nineteenth and early twentieth century the list of drugs abused included cocaine, bromides and chloroform.

The abuse of drugs has taken on new dimensions in recent times. Most nations have now taken steps to combat the nonmedical use of opium, cannabis, coca and their derivatives (morphine, heroin, hashish, cocaine and other drugs). But fresh problems have arisen today with the appearance of a wide range of synthetic drugs ranging from tranquilizers to "mind changing" hallucinogenic drugs such as LSD, which was discovered by a Swiss scientist in 1943.

Until the end of the nineteenth century the question of narcotic drugs was not widely regarded as an international problem calling for concerted action on a world-wide scale. The trade in narcotic products was viewed as a more or less legitimate business, and the misuse of dependence-producing substances, such as opium, coca leaf and Indian hemp, was believed to originate in deeply ingrained habits of the population of certain countries.

Developments in the latter part of the nineteenth century, however, gave a new dimension to the problem. Through technological progress, laboratories began producing from poppy flowers and coca leaves an increasing number of alkaloids and their derivatives. Expansion of transport and international trade reduced geographical distances and natural barriers between nations until what originally seemed to be a local problem of a few countries became a matter of concern to the world community. The association of traffic in narcotics with misery and crime contributed to a growing conviction that the sale of drugs could no longer be viewed as a simple commercial transaction, free from government interference. The establishment of a system of universally applied control over narcotic drugs was humanitarian rather than economic or financial. In the general interest of mankind, governments freely consented to limit their own freedom of action and to give an account of their activities in the field of narcotic drugs to international groups originally created within the framework of the League of Nations and now operating under the United Nations.

In the last few years abuse of narcotics has assumed epidemic proportions. Alarm over sharply increased use of narcotics, particularly among youngsters, is triggering community action across the nation. Drug addiction is spreading swifly from squalid areas of big cities to such places as schools in affluent suburbs. As the problem of drug abuse worsens, parents and educators, civic groups and churches are being aroused to action, to stop drug abuse . . . a growing menace.

Definitions and Classifications of Drugs

The term *drug* has many meanings and varied uses. It means different things to different people, and any single drug may be classified in several ways.

The pharmacologist who tests the action of drugs will tell you that "A drug is any substance that by chemical action changes the form of living matter or changes the way living matter behaves." The chemist studies drugs on the basis of their patterns of molecules, while the psychologist who studies the behavior of men is interested in how drugs affect the nervous system and alter consciousness — perceptions, moods, feelings or self-control. The psychological and physical condition of the person at the time the drug was taken may determine the desirable or undesirable effects of a given dosage. Reactions to the same chemical may vary greatly from one individual to another.

There are thousands of chemical substances in approved use today. These may be obtained either by medical prescription or over-the-counter sale.

Prescription Only

Because of their potency, many drugs—products including non-exempt narcotics, antibiotics, antihistamines, hormones and an almost limitless number of mixtures and compounds—can be purchased legally only with a physician's prescription. Such products, called legend drugs, carry a statement on the manufacturers label which says "Caution . . . Federal law prohibits dispensing without prescription."

Over the Counter

Some products, such as those used for relief of headache, constipation, common colds, coughs, etc., are sold over-the-counter—that is, directly to the consumer without a doctor's prescription. Over-the-counter products are normally considered safe if directions for their use are followed. However, indiscriminate use of such products may produce adverse effects or be the cause of later drug dependence.

The United States Food and Drug Administration further protects the consumer by establishing standards for packaging and labeling of prescription and over-the-counter drugs. Package labels and accompanying printed matter contain such information as the name and description of the drug, its active and inactive ingredients, warnings, precautions, possible adverse reactions and instructions for recommended dosage and administration.

Chemical Agents Man May Abuse

Amphetamines

Classification	Stimulant
Nicknames	Amphetamine (Benzedrine, bennies) Dextroamphetamine (Dexedrine, dexies) Methamphetamine (speed, crystal) uppers, pep pills
Popular Types	Dexedrine, Benzedrine, Desoxyn, Methedrine
Medical Use	Amphetamines have been used for narcolepsy, depression and to control appetite. They have also been used in the treatment of hyperactive children. The dangers associated with the use of these drugs and the appearance of less dangerous drugs or methods of treatment for the above disorders has caused many to question the validity of using these drugs, especially to control appetite.
Administered	Orally, inhalation, injection
Dependence	Dependence is both physical and psychological. Tolerance develops rapidly, so that greater dosages are required to obtain the original effect.
Effects	In ordinary amounts: transient sense of alertness, wakefulness, well-being and mental clarity. Hunger is diminished. Pupils of the eyes become dilated. In larger doses: nervousness, irritability, hallucinations, thirst, sweating, sleeplessness, anxiety, memory lapses, excessive talkativeness and activity.
Complications	Withdrawal from heavy abuse can cause severe depression and paranoid psychosis. Continued abuse can cause high blood pressure, heart palpitations and severe emotional disturbances. Homicidal and suicidal tendencies may also occur.

Barbiturates

Classification	Depressant
Nicknames	Phenobarbs, Goof balls, Yellow jackets, Reds, Downs, Tooies
Popular Types	Phenobarbital (Luminal) Barbital Nembutal Pentothal Secobarbital (Seconal) Amobarbital (Amytal) Pentobarbital (Nembutal)
Medical Use	Sedation; to reduce insomnia, anxiety; to treat hyperthyroidism, hypertension, gastrointestinal disorders and epilepsy.
Administered	Orally, by injection.
Dependence	Physical and psychological dependence.
Effects	Small dose: produces calmness, relieves anxiety and tension, relaxes muscles. Large doses: similar to alcohol intoxication (Staggering, stumbling, falling asleep-"nodding"), thick speech, quick temper.
Complications	Addiction—withdrawal symptoms such as nausea, muscle twitching, tremor, weakness, anxiety, nervousness, fainting, insomnia, headaches, respiratory failure and toxic psychosis; convulsions. Tolerance (as described under amphetamines) develops. Because the drug dulls memory, abusers can forget how many pills they have taken and can accidentally take an overdose. Sudden withdrawal from heavy use can cause convulsions and death.

Additional Comments	A large portion of the barbiturate drug abusers are middle-aged or elderly. This group often begins taking the drug under medical supervision, becomes psychologically dependent upon it and continues taking the drug without the medical supervision.

Caffeine

Classification	Stimulant
Nicknames	Java, Mud
Popular Types	Coffee Tea A.P.C. No-Doz
Medical Use	Mild stimulant.
Administered	Orally
Dependence	Not physical; moderate psychological.
Effects	Pickup; exhilaration; reduction of fatigue; increased alertness.
Complications	Insomnia; palpitations.
Additional Comments	Available without limitation for children or adults.

Cocaine

Classification	Stimulant, highly potent.
Nicknames	Coke, Girl, Snow.
Popular Types	Cocaine: methylester of benzoylecgonine. A white, flakey substance resembling Epsom salt or snow.
Medical Use	Local anesthesia.
Administered	Orally, by injection, by inhalation ("snorted").
Dependence	Strong psychological dependence.
Effects	Feeling of great well-being, enormous physical strength and great intellectual capacity; loss of appetite; increased energy (hyperactive); euphoria; anxiety; tremors; paranoid delusions and hallucinations; tremors; dilated pupils; talkativeness.
Complications	Long-term use can cause severe depression and convulsions. Tolerance does not develop.
Additional Comments	Unlike heroin, one does not become physically dependent upon cocaine; but, when the drug is stopped, the craving for it becomes excruciating, and the habituate falls into a state of deep fatigue and mental despondency, so deep as to sometimes cause suicide. It is widely abused in Atlanta but not in other parts of the state only because it is prohibitively expensive. Often cocaine is used in combination with heroin. This combination is known as a "speed-ball."

Deliriants

Classification	Volatile chemical
Nicknames	Toy, Glue, Snuff; user is called a "Huffer."
Popular Types	Airplane glue Lighter fluid Paint thinner Gasoline Cleaning fluid
Medical Use	None
Administered	By inhalation.
Dependence	Psychological dependence.
Effects	Slurred speech, extremely slowed responses, poor muscular control, drowsiness, unconsciousness, disorientation, delirium, amnesia, hallucinations, exhilaration, dilated pupils.
Complications	Damage to blood, liver, central nervous system and kidneys has been suspected. Can cause convulsions.
Additional Comments	In some cases psychotic behavior has resulted.

Heroin

Classifications	Depressant (Narcotic, Opiate).
Nicknames	Smack; Stuff; Junk; H; Horse; Doogee; Scag; Dope; White Lady.
Medical Use	None
Administered	Inhaled through nose (snorted). Injected under the skin ("Skin-popping"). Injected into a vein ("Main-lining").
Dependence	Strong physical addiction and psychological dependence.
Effects	Euphoria, drowsiness with symptomatic nodding, constricted ("pinned") pupils,

loss of appetite resulting in weight loss, craving for sweets, constipation, occasional nausea and vomiting, irritability.

Complications Tolerance to the drug develops over time so that larger quantities have to be taken in order to obtain the desired effect. Withdrawal of the drug leads to the abstinence syndrome ("kicking," "detox," "cold-turkey") which is characterized by pains in back, legs, arms, hands; chills; itching; rasping cough; diarrhea; profuse perspiring with strong odor. The use of "dirty" needles can cause infectious hepatitis, venereal disease and malaria. The newborn baby of a female addict will likely be born addicted to heroin if the mother is addicted to the drug at the time of delivery. Tolerance develops.

Additional Comments Heroin is the most addictive and most popular drug among addicts. Addiction may occur rapidly but often is not noticeable until the drug is withdrawn and the abstinence syndrome appears. Heroin is an expensive habit. The large amounts of money needed to purchase the larger and larger daily doses required by the addict often lead to crime and prostitution. Death by overdose is not uncommon.

LSD (Lysergic acid diethylamide) and Other Hallucinogens

Classification Hallucinogen; psychedelic.

Nicknames Acid, Pearly gates, cubes, sugar.

Popular Types

Medical Use At present: none
LSD is being investigated as a possible treatment for mental and emotional illnesses but its therapeutic value appears at best limited.

Administered Orally

Dependence LSD is not an addictive drug—that is, even though the user may use it regularly and become tolerant to its effects, no withdrawal symptoms result if it is suddenly discontinued.

Effects Dilated pupils, flushed face, perhaps a rise in temperature and heartbeat, slight increase in blood pressure, chillness.

Complications Psychological effects associated with the use of this drug can severely affect the personality of the user.

Marked changes in sensation are typical with vision being significantly altered. One sensory experience may be translated or merged into another—for example—smells may be felt, sounds may be seen. This is known as synethesia.
Illusions and hallucinations can occur. Emotional variations are marked, ranging from bliss to horror, sometimes within a single experience. Two strong and opposite feelings may occur at the same time—the user can feel both happy and sad at the same time.
Arms and legs may feel both heavy and light. There may be a loss of normal feelings of boundaries between one's body and space. Users refer to "good trips" and "bad trips." While a good trip may be pleasant, a bad trip is terrifying. The user cannot predict what type of experience he will have regardless of how many times he has used the drug. Recent clinical reports have warned of these definite dangers:

- Panic—the user becomes frightened because he cannot stop the action of the drug;
- Flashbacks—the recurrence of some of the features of the LSD state days or months after the last dose. This can lead to extreme fear, depression and suicide;
- Accidental Death—Because the LSD user may sometimes have paranoid feelings that he is invulnerable or can even fly, there have been cases of accidental deaths resulting from these beliefs.

Additional Comments Studies are now being conducted to determine the effects of LSD on chromosomes and its relationship, if any, to birth defects. Until research clarifies this matter, medical authorities warn that the drug must be considered a definite risk. Other less known hallucinogens include peyote, mescaline, psilocybin, DMT and STP.

Marihuana (Cannabis) and Hashish

Classification Marihuana is the Indian hemp plant, cannabis sativa. Its active component is tetrahydrocannabinal. Hashish (hash) is the dark brown resin collected from the tops of potent Cannabis Sativa. It is at least five times stronger than marihuana.

Other Names for Forms or Products of Marihuana Charas, Bhang, Ganja, Dagga, Hashish

Nicknames	Pot, weed, tea, grass, Mary Jane
Medical Use	None
Administered	Generally smoked in cigarette form known as reefers, joints or sticks. May be smoked in pipes. May be added to food and ingested.
Dependence	Psychological dependence may develop.
Effects	Dryness of mouth and throat, increase in appetite, increase in pulse rate, conjunctival vascular congestion. Adversely affects ability to judge time and distance. Ideas may seem disconnected and uncontrollable. Hallucinations possible with large doses or with use of potent forms of marihuana. Excitation or depression.
Complications	This drug is currently undergoing extensive research in order to determine its physiological and psychological potential. History has shown that failure to wait until all facts are determined concerning drugs often leads to harmful consequences for the drug experimenter. Statements that the use of marihuana is "medically safe" have not been proven and indeed many authorities are now re-evaluating their original positions based on current research data.
Additional Comments	All drugs currently available can, if abused, cause harmful effects to the abuser. There is no reason to believe that research efforts will not show this to be the case for marihuana also. The burden of proof rests on those who say that marihuana is safe to prove their case. Since marihuana is smoked and inhaled, as is tobacco, some authorities believe that there may be dangers associated with marihuana as with tobacco. It is hoped that research now being conducted will add to the paucity of valid data now known about the physiological effects of marihuana.

Methadone

Classification	Depressant (Synthetic Narcotic)
Nicknames	Dollies (tablet form)
Popular Types	Dolophine (tablet form)
Medical Use	Detoxification of heroin addicts; maintenance treatment of heroin addicts; pain relief.
Administered	Orally, by injection.
Dependence	Physical and possible psychological dependence.
Effects	Similar to heroin but less intense; however, when given within maintenance treatment programs, most of the effects, including euphoria, are blocked.
Complications	When used without medical supervision, the same as heroin but less intense. When used in maintenance treatment programs, only constipation and excessive sweating.
Additional Comments	Methadone has a totally different action when used without medical supervision (illegally on the streets) than it has when it is administered by a maintenance program with careful control.

Nicotine

Classification	Stimulant, sedative
Nicknames	None
Popular Types	Tobacco
Medical Use	None
Administered	Smoked (inhalation), sniffed, chewed.
Dependence	Questionable physical and high psychological dependence.
Effects	Pickup; stimulant; relaxant; calm sociability.
Complications	Lung cancer and other pulmonary diseases. Heart and blood-vessel disease. Cough, loss of appetite, loss of breath.
Additional Comments	Widely abused despite the overwhelming evidence of its dangers.

Opiates (Other than Heroin and Methadone)

Classification	Depressant (Narcotics)
Nicknames	Morphine = Miss Emma; Dreamer Codeine = Schoolboy Opium = O
Popular Types	Morphine — Paregoric Opium — Dilaudid

	Codeine (Cough Medicine) Percodan
Medical Use	Morphine, Dilaudid, Percodan - Pain relief. Codeine - Ease coughing. Paregoric - Counteract diarrhea.
Administered	Orally, by injection, smoked.
Dependence	Physical and psychological dependence
Effects	Euphoria; drowsiness; dulls fear, tension and anxiety; constipation; constricted pupils; respiratory depression.
Complications	Development of tolerance as described under Heroin. Withdrawal leads to abstinence syndrome, also described under Heroin.
Additional Comments	This group includes drugs which represent greatly varying degrees of intensity of effect. Morphine is a highly potent drug while codeine and paregoric are not. Some preparations containing small amounts of narcotic drugs are sold over-the-counter without a prescription. The most often abused are paregoric which contains opium extract and certain cough mixtures which contain codeine.

Tranquilizers

Classification	Sedative, hypnotic
Nicknames	None
Popular Types	Minor tranquilizers include the following: Librium Miltown Valium Equanil Major tranquilizers include the following: Phenothiazines (e.g. Chlorpromazine or Largactil, trifluoperazine or Stelazine). Rauwolfia alkaloids (reserpine or Serpasil).
Medical Use	Treatment of mentally disturbed patients such as schizophrenics; to reduce anxiety, tension, insomnia, treatment of alcoholism.
Administered	Orally, by injection.
Dependence	Possibly physical and psychological dependence when abused (only minor, not major).
Effects	Reduce tension and anxiety; anti-depressant, feeling of calm and tranquility.
Complications	Long-term use produces withdrawals, including comas, nausea, depression and convulsions, similar to withdrawal symptoms of barbiturates; possible blood damage.
Additional Comments	The major tranquilizers so far have not been abused. There is some abuse of the minor tranquilizers. Most abusers are adults, especially middle-class housewives.

Other Drugs (or Concepts)

Nutmeg and Mace	Substantial quantities of these two household spices can induce a drugged state as well as irritation to the kidneys. Large quantities of morning glory seeds can also produce a narcotic, euphoric effect which usually includes nausea and vomiting.
Weeds	Belladonna and jimson weed (stramonium) grow wild in many parts of the country and, depending upon the amount ingested, have been known to cause delirium or death. These plants have a long history of use as intoxicants. It is believed that they constituted a major portion of "witches brews" in earlier times, thus fostering the idea of witches flying on broomsticks as a result of the hallucinations experienced under the weeds' influence.
Asthmador	Asthmador is a drug containing a combination of belladonna and stramonium and is prescribed as an asthma remedy. It is occasionally misused.

Drug Abuse and Drug Dependence

Many people young and old are experimenting with and using drugs and chemicals today. There is increasing abuse of substances that intoxicate, stimulate, depress, confuse, cause hallucinations and, in general, disorganize the personality so that actions and reactions are foggy, sluggish, erratic, violent, irresponsible, bizarre, uninhibited or otherwise abnormal.

Some of the characteristics of a person who takes addicting (dependent) drugs are these.

- (S)He becomes *emotionally* dependent on the drug and desires its effects.
- (S)He becomes *physically* dependent on the drug; the body needs it.
- (S)He becomes ill when (s)he stops taking it. This is called withdrawal illness.
- (S)He builds up a tolerance to the drug so that (s)he has to have more and more of it to get the desired effect.

The forces which cause children to use drugs are the same potent needs which motivate all behavior:

- the need to be accepted,
- the need to belong,
- the need to be loved,
- the need to love,
- the need to express oneself,
- the need to be important,
- the need to gain recognition.

The chronic use of drugs is evidence of emotional maladjustment. The personality defects responsible have a variety of causes, but they include a common need to escape from the problems of everyday living, or to conform to established group behavior patterns. Whether this is because the problems the individual faces are truly overwhelming or because the ability of the personality to withstand stress is below normal, there is an overpowering need to escape, no matter what the cost.

When a drug abuser takes a drug, (s)he usually disregards all existing precautions for safety and takes the drug for some purpose other than a particular medical condition. The results can be dangerous to everybody and can cause serious harm to the individual and society.

Indiscriminate drug usage often leads the individual to dependence on the drug, and therefore (s)he continues usage on a regular basis. Its characteristics vary with the drug involved.

There are two types of drug dependence—psychological and physical. *Psychological dependence* involves an attachment to drug use which arises from a drug's ability to satisfy some emotional or personality need of an individual. This attachment does not require a physical dependence although physical dependence may seem to reinforce psychological dependence. *Physical dependence,* an adaptive state caused by repeated drug use, reveals itself through the development of intense physical symptoms (withdrawal syndrome) when the use of the drug is reduced or stopped.

Marihuana causes psychic dependence only; barbituates and heroin cause psychic and physical dependence.

Another aspect of drug dependence is tolerance, the ability to withstand the actions of excessive quantities of a drug, and the need for larger and larger amounts of a drug to produce its usual effect. Tolerance is a characteristic of opium derivatives and the barbituates. Tolerance does not develop with the use of cocaine.

In general, drug abusers fall into three main groups:

1. A group which employs drugs for a specific situational purpose—for instance, the student who uses amphetamines to keep awake at exam time;
2. A group consisting of spree users, usually of high school and college age which uses drugs for kicks or just the experience;
3. Another group, known as the hard core addicts, which has been on drugs for sometime and whose members feel they cannot function without drug support.

Social Effects

The continued use of narcotics and other harmful substances often results in lowering of academic efficiency and causes eventual school dropouts, loss of jobs, motor vehicle accidents, accidental poisoning, delinquent activity and crime. The drug abuser contributes little to the family as all energy must be devoted to obtaining the next dose of withdrawal preventive drugs. Drug abuse can be an underlying cause of family difficulties.

Individuals who become involved with the abuse of drugs are oftentimes breaking a law. A police record for a violation involving these illegal substances can permanently damage an abuser's future in the areas of employment, education, membership in various organizations and social acceptance. Penalties for violations of drug laws are often harsh, but realistic. As drug abuse is being faced more realistically, new laws are being shaped in such a fashion that the courts will have sufficient discretion to enable them to deal more flexibly with violators.

A society which has a major problem of drug abuse must consider the consequences and seek corrective measures. The loss of physical, mental and occupational competence that results from drug abuse is a heavy drain on the economy. Abusers are not in a position to solve the problems they create; society as a whole must assume the difficult task of providing ways and means of furnishing funds for medical costs leading to the rehabilitation of abusers. (Professional attention for rehabilitation is costly and is not easily achieved.)

Teaching About Drug Abuse

The purpose of this document, as stated in the introduction, is to provide administrators, teachers and other school personnel with factual and reliable information concerning narcotics and drug abuse and youth involvement.

This section suggests instructional procedure and lists some of the topics which the teacher might use at various school levels. The suggested grade placement of topics employed in this publication are extremely flexible. In all situations the teacher should provide opportunity for pupils to study any topic, regardless of its grade placement, that will focus their attention on *local* problems.

Primary Grades (1-2-3)

In the instructional program for the primary grades, health education should provide opportunity for all children

- to appreciate their own health;
- to protect their health;
- to learn that food is important to their health and that nonfood substances may be harmful;
- to develop appreciation of the roles of the physician, the dentist, the nurse, the pharmacist and other persons who help them to maintain good health;
- to learn that drugs should never be taken except by doctor's and pharmacist's direction or when administered to them by their parents;
- to learn the dangers of accepting favors from strangers;
- to learn the value of telling their parents or the police, if necessary, whenever a stranger bothers them;
- to develop an awareness of self and of individual differences and to demonstrate an acceptance of this awareness through behavior;
- to begin to understand that their feelings are natural and that expressing these feelings is also natural;
- to begin to build a positive attitude about self by realizing that as persons they are worthwhile and important;
- to learn to value medicine for its intended use and develop respect for those professionals who are qualified to administer medicine;
- to develop an awareness of the potential dangers of the misuse of medicine;
- to identify warnings, danger signs and symbols found on common products around the home and garage; to point out common poisonous plants, and to exercise caution when using and encountering these substances and plants;
- to develop an awareness that advertising can produce a feeling of need that does not exist;
- to understand why respect for the law is important.

Middle Grades (4-5-6)

Health instruction in the middle grades should reinforce and expand upon instruction given in the primary grades. In addition, students should be introduced to the structure and function of their bodies and the interrelationship of body systems. Every attempt should be made to develop an awareness of the human body as a miraculous creation and an appreciation of health as a precious resource. Learning activities should be developed with a view toward instilling in students a sense of responsibility for protecting and maintaining their own health, and provision should be made for them to become informed regarding the reasons why the community is vitally concerned with the health of its citizens. Students should develop an understanding of the laws with which they come in contact, an appreciation of their importance and a willingness to obey them.

In the instructional program for the middle grades, health education should provide opportunity for all students

- to continue to develop a positive self-image by believing in themselves and their capabilities;
- to be aware of their many feelings and accept these feelings and the expression of them as a natural process;
- to learn to cope with peer pressure by gaining experience in decision-making and problem-solving processes;
- to identify the different uses of drugs and dangerous substances and respect the potential dangers of their misuse;
- to understand the interdependency of the systems within the body and the effects of all substances and behavior on these systems;
- to analyze advertising and develop an awareness that it can produce a feeling of need that does not exist.

Secondary Grades (7-12)

High school students should be given frequent opportunities to learn to view their personal health problems within the context of the society in which these problems occur, e.g. comprehend the influence of

various ethnic and socioeconomic subcultures on the behavior of the members of these subcultures; appreciate the importance of the well-being of all people; accept responsibility for maintaining themselves as efficiently functioning human beings, both as individuals and as members of society. Each student should take advantage of these opportunities; develop a set of principles calculated to guide behavior in terms of the best possible utilization of talents and the fullest possible realization not only of personal ideals but also of the ideals which the nation has for its youth. All students, moreover, should become acquainted with the agencies of government and the community organizations that concern themselves with health and social welfare.

In the instructional program for the high school, health education should provide opportunity for all students

- to continue to develop a positive self-image and an understanding that self-respect comes from within each person;
- to understand personal feelings and emotions and develop the ability to deal with life in a realistic, effective manner;
- to practice decision-making and problem-solving processes to aid in effectively finding solutions and alternatives to problems without depending on peer influence;
- to identify the relationship between personal behavior and its consequences and assume the responsibility for this behavior;
- to understand the interdependency of the systems within the body and understand the effects of all substances and behavior on these systems;
- to research the effects of drug abuse on a person's psychological, physiological, social and occupational well-being;
- to investigate the various social and historical influences of drugs (and their abuse) on society — past, present and future;
- to examine current methods of treatment and rehabilitation used to overcome drug dependency;
- to critically analyze advertising to expand personal awareness of the subtle techniques used to sell a product;
- to understand and appreciate laws and accept personal responsibility for obeying these laws.

The Role of the Teacher

Current trends in drug education deal with more than just pharmacology. Teachers no longer need to rely exclusively on pamphlets, ex-addicts, sheriffs, etc., as a source of drug "facts." Drug education, as with other areas of learning in the classroom, must be concerned with feelings, values and valid decisions as they relate to the total spectrum of life.

Drug misuse and abuse are determined by behavior rather than by the type of drug involved. Therefore, by dealing with those factors (internal and external) that influence behavior, the potential for preventing drug misuse and abuse can be increased.

This publication emphasizes four of these factors, and its objective is to provide an opportunity for each student to grow in one or more of these areas—

- *Strengthening* a positive self-concept,
- *Developing* a personal value system,
- *Mastering* the techniques of rational decision making,
- *Improving* communications skills.

It would be well to keep in mind that a responsible attitude toward drug use is a by-product of this kind of growth experience, not a directly observable classroom result.

To create an atmosphere in which feelings and values can be discussed in the classroom, the teacher must assume the role of facilitator. The main function of the facilitator is to help students clarify what is being felt and said, rather than to instruct. Each student serving as his or her own best resource will have an opportunity to share with others. The sharing process can be facilitated through structured experiences or situational role play. In most cases, students tend to be more willing to express themselves when the facilitator is able to promote openness and trust in the classroom. In addition, the facilitator must be willing to listen to the expression of opinions by students without being judgemental or trying to transfer personal values and opinions to the students. Drug taking behavior is dependent on each individual's *own* values in relation to drugs, not those of the teacher.

As mentioned earlier, intensive training is not required in order to become an effective facilitator in the classroom. However, a basic understanding of certain factors which influence human behavior and development is needed. It must be emphasized that there is risk involved in any change of role, whether it be the teacher or the student. For example, if the teacher is more content-oriented, as opposed to student-oriented, and the role is reversed, then students will be aware of the changed atmosphere, and both will adapt to the new atmosphere. This process will take some time, but hopefully a more productive atmosphere will exist following this transition. Specifi-

cally, students can feel more at ease, and therefore, they will be more willing to "risk" self-disclosure in relation to their own feelings.

The degree of risk is dependent on the teacher's willingness and ability to achieve the desired atmosphere. Therefore, each teacher must be aware of his or her limits as a facilitator. This, in turn, will determine the depth of discussion.

Self Concept

The most important single factor affecting one's actions or reactions to others is self-concept, or *how* one may see oneself in various situations. While situations may change from moment to moment or place to place, belief about oneself is always a determining factor in communicative behavior. The "self" is the "star" in every act of verbal or nonverbal communication.

Everyone has literally thousands of concepts about (him)herself: who (s)he is, what (s)he stands for, where (s)he lives, what (s)he does and does not do, what (s)he values, what (s)he believes, etc. These self-perceptions vary in clarity, precision and importance from person to person.

One's self-concept is who (s)he is. This is the center of his or her universe, his or her frame of reference, his or her personal reality, his or her special vantage point. It is a screen through which one sees, hears, evaluates and understands everything else. It is his or her own filter on the world.

Obviously, a strong self-concept is necessary for healthy and satisfying interaction. A weak self-concept, on the other hand, often distorts one's perception of how others see him, generating feelings of insecurity in relating to other people. A person with a poor view of self may have difficulty in conversing with others, admitting wrong, expressing feelings, accepting constructive criticism or voicing ideas different from those of other people. Insecurity causes one to be afraid of others' feelings for him if he disagrees. Because of feelings of unworthiness, inadequacy and inferiority, a person lacks confidence and thinks that his ideas are uninteresting to others and not worth communicating. (S)He may become seclusive and guarded in communication, negating personal ideas, or may be easily influenced by peer pressure in relation to drug use/abuse and other self-destructive behaviors.

Even as our self-concept affects our ability to communicate, so our communication with others shapes our self-concept. As people are primarily social beings, they derive their most crucial concepts of self from experiences with other human beings.

We learn who we are from the ways that we are treated by the important people in our lives. In school-age youth these important people might be friends, parents, student leaders, teachers and associates. From verbal and nonverbal communication with these persons who are important to us, we learn whether we are liked or not liked, acceptable or unacceptable, worthy of respect or disdain, a success or failure. If we are to have a strong self-concept, we need love, respect, understanding and acceptance from these significant persons. Oftentimes the family fails to provide many of these requirements, and the individual must then search elsewhere.

In the area of drug experimentation, some young people are willing to sacrifice personal beliefs regarding drug usage in order merely to be accepted by those in the peer group. If these persons felt more secure in their self-concepts, they could better cope with peer pressure: being called "chicken" or "square," etc.

Self-concept is probably the most important factor in determining whether or not an individual will choose or be persuaded into misusing drugs. It directly affects how a person communicates, what decisions (s)he makes and which values (s)he will choose.

In applying development of a healthy self-concept to drug abuse prevention, the goal is to help the individual to feel "I am okay." In order to do this, this individual must first learn to be aware of personal feelings and to know (or re-learn) that it is okay just to be oneself.

Values-Clarification

Values-clarification is an attempt to help young people answer some of the questions they have concerning what to believe, who they are and what is important to them. This process is necessary if an individual is going to make valid decisions.

The values clarification approach believes that content of values is important, but that the person must choose what the content will be—another person cannot choose it for him. More important is the process by which these values are determined. According to Louis Raths,[1] the valuing process is composed of seven sub-processes.

[1]Raths, Marmin, Simon, *Values and Teaching*, Charles Merrill, Ohio, 1966.

Prizing one's beliefs and behaviors

1. *prizing* and cherishing
2. publicly *affirming,* when appropriate

Choosing one's beliefs and behaviors

3. choosing from *alternatives*
4. choosing after consideration of *consequences*
5. choosing *freely*

Acting on one's beliefs

6. *acting*
7. acting with a pattern, *consistency* and repetition

The italicized words depict the flow of determining values in relation to any given situation. In relation to drug abuse, evading reality or "copping out" occurs when one cannot deal with problems or situations, thus causing frustration and feelings of inadequacy. A valid decision is based on, or is processed through, an individual's value system and is compared to his achievement of desired results. Therefore, the ability to deal with problems or situations relating to drug abuse is directly proportional to one's ability to make decisions based on personal value systems.

Youths are continuously bombarded with situations requiring choices and decisions that affect *every* aspect of their lives. They are forced many times into making decisions without the advantage of critical thought or sound bases for values clarification. As a result, many decisions are based, not on what is felt within, but on the current popular fads of the peer group. Many times, the fads are the result of natural but poorly guided adolescent rebellion.

With the apparent changes in many traditionally cherished societal norms and with the obvious breakdown in typical family structure, educational systems must take on some of the functions previously identified as the responsibility of the family unit. Educators can have a significant impact where there is conflict of values and feelings by guiding individuals and groups in clarifying their thinking and feelings.

Values-clarification is not a process in which values are taught or forced. It is a process by which students can sort out, talk about and think through their own value systems. The emphasis of this approach and strategies is on process, not absolutes, creeds or doctrines.

The goal of values clarification techniques is to help students

1. look for their own alternative way of handling problems or situations, recognizing that each might make different selections;
2. examine the consequence (the what-would-happen probabilities) for each alternative; and
3. make personal decisions based on honest and accurate assessment of the information they have generated.

Teachers do not need extensive training in order to use the values clarification process in the classroom. However, they must respect the following group rules.

1. Values clarification is a personal process. Each student may move at his own rate or respond somewhat differently from his peers.
2. Values clarification requires open-ended teaching and questions. There are no right or wrong answers.
3. The classroom atmosphere, climate-environment has to be non-judgemental and accepting.
4. The option to pass or the right not to participate is always available.

Whenever a values clarification activity is used, the following steps are a part of the initial process.

- OPEN UP, INVITE TO SHARE
- ACCEPT
- PUSH TO CLARIFY
- ACCEPT

The process and implementation of values clarification takes place through the use of strategies which could involve such techniques as role play, socio-drama, open-ended sentences, forced choice questionnaires, art as a medium for self-disclosure or expression, field trips, group story telling, value continuums and individual or small group discussions. The techniques that may be used are similar to concepts in Rogerian listening, communications skills, existentialism and human relations training. In order for these techniques to be a part of the values clarification process, participation is voluntary. Students may move at their own pace, and judgments are not made about individual values, even though feelings are expressed on occasion. The role of the teacher shifts to one of facilitator.

Many times apathy, over-conforming, or non-conforming, are reactions to a need for values clarification. Through implementing valuing in the class curriculum, students will not only be able to apply information to their own learning experience, but will be able to voice their feelings in relation to the total learning experience.

Decision-Making

Rationale and Principles

Young people of the 1970s view life individually and uniquely. As they live the present and approach the future, they are developing a variety of life styles that provide additional alternatives for the planning of their lives. Although many students want to plan for themselves and their future, others prefer not to think ahead to college or careers.

Whatever the attitude of a young person, his or her options exist in increased numbers. The greater the number of opportunities, the better a person's chance to find personal satisfaction. However, more options make the task of deciding among them more difficult. More values are in conflict, more variables have to be considered and more information is needed. A person may choose unwisely if forced to choose without adequate information based on objective data or personal experience, without a feeling of future consequences or without sufficient skill or practice in the process of deciding.

Thus, the process of decision-making is vitally important. Decision-making is practiced by everyone each day of his life. Because it is a common act, it receives little attention until a person is faced with an important decision that has long-term consequences. Despite its pervasiveness and its importance to people and society, decision-making at present has no systematic, formal place in any educational program. Generally, American society has not provided the means by which a person can learn a conscious process for making decisions.

Decision-making can be defined as a process in which a person selects from two or more possible choices. A decision does not exist unless there is more than one course of action, alternative or possibility to consider. If a choice exists, the process of deciding may be utilized.

The potential value of the process lies in the fact that its practitioner is more likely to be satisfied with his decisions. The process requires skills that can be learned, applied and evaluated. A first step in learning the process involves thinking about both personal and group values. Considering values removes the implication of "right" answers or outcome, emphasizing instead an effective use of a process that results in satisfying consequences. This emphasis distinguishes decision-making from problem-solving. Problem-solving usually involves *one* best or right solution for everyone.

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When decision-making is skillfully utilized, it is more likely that the outcome will be satisfying. A skillful decision-maker has more personal *freedom* in life because (s)he is more likely to recognize, discover or create new opportunities and alternatives. (S)He also has greater *control* over life because (s)he can reduce the amount of uncertainty in his or her choices and limit the degree to which chance or other people determine the future.

Two individuals may face a similar decision, but each person is different and may place differing values on outcomes. It is the individual who makes each decision unique. Learning decision-making skills, therefore, increases the possibility that each person can achieve that which (s)he values.

Each decision is necessarily limited by what a person is capable of doing. Someone who cannot drive a car cannot decide between walking and driving. Also, even though one may be capable of driving, if (s)he does not own a car and does not have access to a car, (s)he still does not have the choice of deciding between walking and driving. A person's capability includes personal knowledge of how to use alternatives; this knowledge gives one greater control over the decisions to be made.

Decisions are also limited by what a person is willing to do. If a teenager can have a date to a football game provided he calls a girl and is not willing to call, he restricts his alternatives. Not choosing to decide is a passive decision — it is a decision not to decide.

A third limitation on decisions is determined by the environment. If only one restaurant is located in town and if a couple does not care to drive to another town, they have a limited choice of where to dine.

Lack of knowledge of personal values (what do I value?) and lack of decision-making skills (or infrequent use of skills) also restrict or limit the decisions that can be made with satisfaction.

Three major requirements of skillful decision-making are—

- Examination and recognition of personal *values.*
- Knowledge and use of adequate, relevant *information.*
- Knowledge and use of an effective *strategy* for converting this information into an action.

Values

Values are the foundation and integrated framework of the complete decision-making process. Values determine what is "satisfying" and thus help a person to set objectives. Values also dictate the actions to be taken to reach those objectives. The information that is sought, the evaluation of that information and the weight given to various pieces of data are influenced by personal values. The strategy that is used to achieve an objective is governed by values. Choosing to use the decision-making process is a value. A person facing a decision involving a conflict of values, accompanied by strong emotion, knows (s)he faces an important decision, one requiring skill to decide satisfactorily.

Communicating

After we have identifed what is important to us, it is important to be able to stand up for it – to share it with others in a way that allows them to get what they need, too.

To date, most communication education has focused on skills of self-expression and persuasion. Until quite recently, little attention has been placed on listening. This overemphasis on the skills of expression has led most people to underemphasize the importance of listening in daily communication activities.

However, each person needs information that can be acquired only through the process of listening. Listening is much more intricate and complicated than the physical process of hearing. Hearing is done with the ears, while listening is an intellectual and emotional process that integrates physical, emotional and intellectual inputs in a search for meaning and understanding. Effective listening occurs when the listener discerns and understands the sender's meaning, and thus, the goal of communication is achieved.

An effective listener listens not only to words but to the meanings behind the words. A listener's third ear hears what is said between sentences and without words—what is expressed soundlessly. Through tone, body language and facial expression one can learn to better understand what the speaker feels and thinks.

Clearly, effective listening is not a passive process. It plays an active role in communication. The effective listener interacts with the speaker in developing meaning and reaching understanding.

Effective listening is a necessary, but often neglected, skill in communication. Many people find it equally difficult to say what they mean or to express what they feel. They often simply assume that the other person understands what they mean, even if they are careless or unclear in their speech. They seem to think that people should be able to read their minds, or "if it is clear to me, it must be clear to you, also." This assumption is one of the most difficult barriers to successful human communication.

The poor communicator leaves the listener to guess what (s)he means, while (s)he operates on the assumption that (s)he is, in fact, communicating. The listener, in turn, proceeds on the basis of guesses. Mutual misunderstanding is an obvious result.

There are other factors concerned with effective communication. Inability to deal with anger frequently results in communication breakdowns. Some individuals handle their anger by suppressing it, fearing that the other person would respond in kind. Such people tend to think that communicating an unfavorable emotional reaction will be destructive. They may become upset even when others merely disagree with them.

Expression of emotions is important to building good relationships with others. People need to express their feelings, in such a manner that they influence, affirm, reshape and change themselves and others. They need to learn to express angry feelings constructively rather than destructively. Emotions cannot be repressed. They should be identified, observed, reported and integrated. Then people can instinctively make the necessary adjustments in the light of their own ideas of growth. They can change and move on with life.

The last factor in effective communication is trust. The dynamics of fear can be exchanged for the dyna-

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NOTE: This material on decision-making was extracted from *Deciding: A Leader's Guide,* and its companion publication, *Deciding,* which is a course of study to teach students how to make decisions. Copyright (c) 1972 by College Entrance Examination Board, New York. All rights reserved Library of Congress Catalog Card Number: 74-186413.

mics of trust. No one is likely to engage in self-disclosure in a threatening situation. Self-disclosure can be made only in an atmosphere of good will. Sometimes it takes one person's risk of self-disclosure to stimulate good will in another. Trust begets trust, self-disclosure generates self-disclosure. The effective communicator is one who can create a climate of trust in which mutual self-disclosure can occur.

Resources

Classroom Teaching Films – Georgia Department of Education
Film and Tape Library
Alcohol, Tobacco and Drug Abuse

Films		**Grade Level**
A.	"Acid LSD" – 27 min. Order No. 7002	7-Adult
B.	"Alcohol is Dynamite (Revised Edition) – 10 min. Order No. 1234	9-12
C.	"Alcohol Problem, The: What Do You Think" – 18 min. Order No. 4618	7-Adult
D.	"Cancer" – 11 min. Order No. 688	7-Adult
E.	"Cancer by the Carton" – 30 min. Order No. 7357	7-12
F.	"Cigarette Smoking" – 5 min. Order No. 503	5-12
G.	"Drugs, Drinking and Driving" – 18 min. Order No. 5568	9-Adult
H.	"Drugs and the Nervous System" – 18 min. Order No. 5247	7-12
I.	"Drug Problem, The: What Do You Think" – 11 min. Order No. 4065	7-Adult
J.	"Loser, The" – 31 min. Order No. 7029	5-12
K.	"LSD – Insight or Insanity" – 17 min. Order No. 7907	7-12
L.	"LSD – 25" – 27 min. Order No. 7017	9-Adult
M.	"Marijuana" – 34 min. Order No. 7516	7-Adult
N.	"No Smoking" (Revised Edition) – 10 min. Order No. 1336	5-12
O.	"Profile of an Alcoholic" – 35 min. Order No. 9026	9-Adult
P.	"Scag (Heroin)" – 21 min. Order No. 4326	9-Adult
Q.	"Science of Alcohol, The" – 10 min. Order No. 710	4-7
R.	"Sedatives" – 5 min. Order No. 546	7-12
S.	"Seduction of the Innocent" – 11 min. Order No. 741	10-Adult
T.	"Should You Drink" – 21 min. Order No. 4868	7-Adult
U.	"Smoking: It's Your Choice" – 15 min. Order No. 5589	7-12
V.	"Speedscene – Problem of Amphetamine Abuse" – 17 min. Order No. 5560	10-Adult
W.	"Teaching Teenagers About Alcohol" – 16 min. Order No. 4876	7-Adult
X.	"Thinking About Drinking" – 15 min. Order No. 4715	7-12
Y.	"Tobacco and the Human Body" – 17 min. Order No. 4969	7-12
Z.	"Tobacco Problem: What Do You Think?" – 17 min. Order No. 5071	4-9
AA.	"Ups/Downs" – 24 min. Order No. 7065	7-Adult
BB.	"Weed (Marihuana)" – 24 min. Order No. 7071	7-Adult
CC.	"Your Amazing Mind" – 15 min. Order No. 5521	4-9

Social Seminar – Teacher In-service		**Grade Level**
A.	"Alcohol" – 5 min. Order No. 475	5-12
B.	"A News Story" – 30 min. Order No. 7930	10-Adult
C.	"Answer is Understanding, The" – 28 min. Order No. 7978	10-Adult
D.	"Are Drugs the Answer" – 20 min. Order No. 5711	7-Adult
E.	"Brian at 17" – 30 min. Order No. 7971	10-Adult
F.	"Bunny" – 15 min. Order No. 5652	10-Adult

G. "Changing" – 30 min. Order No. 7968 ..... 10-Adult
H. "Cigarette Smoking" – 15 min. Order No. 503 5-12
I. "Community in Quest" – 30 min. Order No. 7976 ..... 10-Adult
J. "Curious Alice" – 12 min. Order No. 1109 ..... K-6
K. "Day in the Death of Donny B., A" – 14 min. Order No. 5710 ..... 10-Adult
L. "Drugs and Beyond" – 20 min. Order No. 5655 ..... 10-Adult
M. "Drug Talk" – 22 min. Order No. 5659 ..... 10-Adult
N. "Family" – 30 min. Order No. 7969 ..... 10-Adult
O. "General Drug Abuse" – 5 min. Order No. 520 5-12
P. "Guy" – 20 min. Order No. 5651 ..... 10-Adult
Q. "Hallucinogens" – 5 min. Order No. 618 5-12
R. "Here's Help" – 28 min. Order No. 8006 10-12
S. "Jordan Paul" – 22 min. Order No. 5658 ..... 10-Adult
T. "Marijuana" – 5 min. Order No. 527 5-12
U. "Meeting Police" – 30 min. Order No. 7977 ..... 10-Adult
V. "Mr. Elder's Classroom" – 30 min. Order No. 7974 ..... 10-Adult
W. "Slow Death" – 22 min. Order No. 5709 ..... 10-Adult
X. "Understanding" – 22 min. Order No. 5708 ..... 10-Adult

Inside-Out Series

The purpose of health education is to help persons achieve and maintain well-being, and that also is the purpose of "INSIDE/OUT." The thirty-lesson series engages the minds and feelings of eight-to-ten-year-olds through the presentation, in documentary and dramatic form, of situations common to their own lives. The programs deal compellingly with social, emotional and physical problems that have traditionally been the concerns of health educators. However, the series takes an affective approach to the problems, showing that an open-minded understanding of human feelings is needed to balance knowledge of a more factual, or cognitive, kind.

"INSIDE/OUT" is designed to help each child by focusing on certain elements in his life – using, growing, loving, hurting, enjoying, fearing, hating. Through an understanding of the emotions involved, the child will come to accept and respect himself, then his family and the persons around him.

Films may be ordered from the State Film Library. Video-tapes are broadcast weekly on education television. For broadcast schedules and teacher guides, contact the media coordinator in your school.

Inside Out Series (Grades 3, 4 and 5)

A. "Teacher's Concerns About Using Inside/Out" – 15 min. Order No. 5747
B. "In-Service Program for Teachers" – 30 min. Order No. 8005
C. "A Sense of Joy" – 15 min. Order No. 5694
D. "Because It's Fun" – 15 min. Order No. 5670
E. "Breakup" – 15 min. Order No. 5675
F. "Brothers and Sisters" – 15 min. Order No. 5685
G. "Bully" – 15 min. Order No. 5686
H. "But Names Will Never Hurt" – 15 min. Order No. 5677
I. "But They Might Laugh" – 15 min. Order No. 5687
J. "Buy and Buy" – 15 min. Order No. 5683
K. "Can Do/Can't Do" – 15 min. Order No. 5684
L. "Can I Help?" – 15 min. Order No. 5688
M. "Donna" – 15 min. Order No. 5689
N. "Getting Even" – 14 min. Order No. 5669
O. "Home Sweet Home" – 15 min. Order No. 5673
P. "How Do You Show?" – 15 min. Order No. 5671

Q. "I Dare You" – 15 min. Order No. 5667
R. "I Want To" – 15 min. Order No. 5690
S. "In My Memory" – 15 min. Order No. 5666
T. "Jeff's Company" – 15 min. Order No. 5682
U. "Just Joking" – 15 min. Order No. 5681
V. "Just One Place" – 15 min. Order No. 5691
W. "Living With Love" – 15 min. Order No. 5678
X. "Lost Is A Feeling" – 15 min. Order No. 5692
Y. "Love, Susan" – 15 min. Order No. 5693
Z. "Must I–May I" – 15 min. Order No. 5676
AA. "Someone Special" – 15 min. Order No. 5695
BB. "Strong Feelings" – 15 min. Order No. 5672
CC. "Travelin' Shoes" – 15 min. Order No. 5680
DD. "When Is Help" – 14 min. Order No. 5674
EE. "Yes, I Can" – 15 min. Order No. 5668
FF. "You Belong" – 14 min. Order No. 5679

Audio Tapes

A. *Central Nervous System Depressants* — *90032*
Robert E. Jewett, M.D.

B. *Central Nervous System Stimulants* — *90033*
Robert E. Jewett, M.D., Assistant Professor of Pharmacology,
Emory University School of Medicine

C. *The Chemical Narcotics: Actions and Drug Dependency* — *90034*
Steven G. Holtzman, Ph.D., Department of Pharmacology,
Emory University School of Medicine

D. *Classification, Actions and Effects of Chemical Substances: Use and Abuse* — *90035*
Harry L. Williams, M.D., Professor, Pharmacology,
Emory University School of Medicine

E. *Counseling Experience With Drug Users* — *90036*
Gerald Kersey, A.B., B.D., Asa Barnard, B.S.,
Georgia Department of Education, Office of Rehabilitation Services

F. *The Courts, Youth and Substances of Abuse* — *90037*
Judge John S. Langford Jr., Fulton County Juvenile Court
Capt. Barry Marler, Atlanta Police Department
Sgt. J. R. Howington, Vice Squad, DeKalb Police Department

G. *Drug Abuse in the Home* — *90038*
William Grosse III, Ph.D., Chairman, Department of Biological Sciences,
Mercer University
Southern School of Pharmacy

H. *The Drug Scene in "Hip" Communities* — *90039*
Joseph A. Hertell, M.D., Internist, Atlanta, Georgia

I. *Educational Efforts of Student Panelists* — *90040*
Emory University Student Drug Abuse Panel,
Mercer University Southern School of Pharmacy
Drug Abuse Team and Georgia Tech I.F.C. Drug Symposium, 1970

J. *Evidences of Abused Substances* *90041*
Larry D. Howard, Ph.D., Director, Crime Laboratory, State of Georgia

K. *Intoxication: Acute and Chronic* *90041*
Vernelle Fox, M.D., Member AMA Committee, Alcohol and Drugs, Chairman Steering Committee MACAD

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